PRINTED: 05/13/2010 FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING **CPA-026** 04/27/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1726 M STREET NW SUITE 1400 6 04 ADOPTION CENTER OF WASHINGTON INC WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 An annual inspection was conducted on April 27, 2010. The survey findings were based on record GOVERNMENT OF THE DISTRICT OF COLUMBIA review and staff interviews. The sample sizes DEPARTMENT OF HEALTH **HEALTH REGULATION ADMINISTRATION** were three (3) personnel records based on a census of three (3), four (4) post adoption 825 NORTH CAPITOL ST., N.E., 2ND FLOOR records based on a census of four (4), and six (6) WASHINGTON, D.C. 20002 international adoption records based on a census of six (6). The agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing however deficiencies were cited. The name of employees immediate supervisor added is a new form added S 099 1611.1(g) Personnel Records S 099 (g) Name of employee's immediate supervisor; This CONDITION is not met as evidenced by:

training; Health Regulation Administration

TITLE

measure will be the New Form and providing complete files to inspectee

(X6) DATE

5/24/10

(h) Documentation of participation in in-service

Based on record review and interview, the agency

documented in their personnel files for one (1) of three (3) records reviewed. (Employee #1)

Review of personnel records on April 27, 2010, at approximately 1:00 p.m. revealed that employee #1, did not have available for review, the name of her immediate supervisor documented in her personnel file. Interview with the Executive Director on April 27, 2010, at 3:00 p.m.,

failed to ensure that the name of each employee's immediate supervisor was

The finding includes:

confirmed the findings.

S 100 1611.1(h) Personnel Records

S 100

Health Regulation Administration

TO THE TOTAL OF TH						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-026		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED		
			B. WING	04/27/2010		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
ADOPTION CENTER OF WASHINGTON INC		1726 M STREET NW SUITE 1490 60				

		26 M STREET NW SUITE 1400 660 SHINGTON, DC 20036				
PREFIX (EACH DEFICIENCY MUST BE PRECE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
S 100 Continued From page 1	Continued From page 1					
This CONDITION is not met as e Based on record review and intervial failed to ensure that three (3) of the employees had proof that they had in-service training. (Employees #1) The finding includes:	riew, the agency ree (3) I participated in					
Review of personnel records on A approximately 3:00 p.m. revealed failed to ensure that Employee #1, proof that they had participated in training.	the agency #2 and #3 had in-service		The in-service records were in another office. Inservice is obcumented for	5/24/10		
Interview with the Executive Direct 2010, at approximately 3:15 p.m., findings.	or on April 27, confirmed the		both employers.			
S 101 1611.1(i) Personnel Records	į	S 101				
(i) Signed statement by employee personnel policies were reviewed;	(i) Signed statement by employee that written personnel policies were reviewed;		signed statement	d zylro		
This CONDITION is not met as ever Based on record review and intervifailed to ensure that two (2) of three employees had a signed statement employee that written personnel por reviewed. (Employees #1, and #3)	ew, the agency e (3) by the dicies were		signed statement is added to each file stating they are reviewed.			
The finding includes:			_			
Review of personnel records on Apapproximately 3:00 p.m. revealed the failed to ensure that Employee #1 approof that they had participated in intraining.	ne agency and #3 had		we will insure that the complete inservice training is included in	5/24/0		
Interview with the Executive Director Regulation Administration	or on April 27,		each file.			

Health Regulation Administration

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING **CPA-026** 04/27/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1726 M STREET NW SUITE 1100 ADOPTION CENTER OF WASHINGTON INC WASHINGTON, DC 20036 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S 101 Thank you for
your complete and
Professional review.
your insights were
helpful.

June eBrowner Continued From page 2 S 101 2010 at approximately 3:30 p.m., confirmed the findings.

Health Regulation Administration STATE FORM

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